

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1					
3	1					
4	1					
5	1					
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		2				
14		1				
15		2				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	2					
TOTAL CLAIMS	5					

TOTAL IND.

TOTAL DEP.

TOTAL

CLAIMS